

STATE OF RHODE ISLAND

County of \_\_\_\_\_  
Estate of \_\_\_\_\_  
Alias \_\_\_\_\_  
Alias \_\_\_\_\_

PROBATE COURT OF THE  
\_\_\_\_\_  
No. \_\_\_\_\_  
Date \_\_\_\_\_

RESIGNATION

The undersigned respectfully resigns as:

\_\_\_\_\_  
Title of Fiduciary

\_\_\_\_\_  
Signature of Fiduciary

\_\_\_\_\_  
Date

DECREE

Upon hearing, it is hereby ordered and decreed:

The Fiduciary’s resignation is accepted. The Fiduciary shall not be discharged until the allowance of a final account and the transfer of all assets and records to the Successor Fiduciary.